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### FACSIMILE TRANSMITTAL SHEET

<b>TO:</b> Mail Stop ISSUE FEE Commissioner for Patents	<b>FROM:</b> Jon O. Nelson
<b>COMPANY:</b> U.S. Patent Office	<b>DATE:</b> April 19, 2005
<b>FAX NUMBER:</b> 703-746-4000	<b>TOTAL NO. OF PAGES:</b> 7
<b>RE:</b> Serial No. 10/621,550 Filed: July 17, 2003	<b>OUR REFERENCE NO.:</b> 04286.00117

*If you do not receive all page(s) or have any problems receiving this transmission, please call:*

<b>NAME:</b> Kathy Rodak	<b>PHONE:</b> (312) 463-5549
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**COMMENTS:**

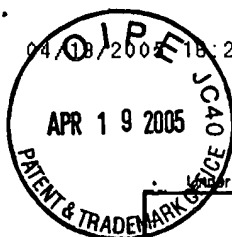
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Serial No. 10/621,550

Filed: July 17, 2003

Transmittal Form

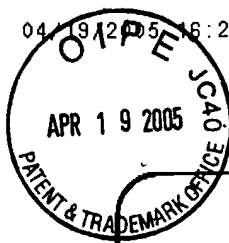
Fee Transmittal for FY 2005, in duplicate

Part B - Fee(s) Transmittal, in duplicate

Attorney Docket No. 04286.00117

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PT 15B/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/621,550
		Filing Date	July 17, 2001
		First Named Inventor	Donald E. Grishaw
		Art Unit	3727
		Examiner Name	Sue A. Weaver
Total Number of Pages in This Submission		Attorney Docket Number	04286.00117

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferer cases <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Part B - Fee(s) Transmittal, in duplicate Certificate of Transmission by Facsimile
<b>Remarks</b>  		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Jon O. Nelson		
Date	April 19, 2005	Reg. No.	24,566

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APR 19 2005

PTO/SB/17 (12-04v2)

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Effective on 12/08/2004,  
Fee schedule is the Consolidated Appropriations Act, 2005 (H.R. 4618).**FEE TRANSMITTAL  
for FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ ) 1015

**Complete if known**

Application Number	10/621,550
Filing Date	July 17, 2003
First Named Inventor	Donald E. Godshaw
Examiner Name	Sue A. Weaver
Art Unit	3727
Attorney Docket No.	04286.00117

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: **19-0733** Deposit Account Name: **Banner & Witcoff, LTD.**

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Under 37 CFR 1.16 and 1.17

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.****FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee (\$)	Fee Paid (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>		
<b>Extra Claims</b>		
<b>Fee (\$)</b>		
<b>Fee Paid (\$)</b>		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>		
<b>Extra Claims</b>		
<b>Fee (\$)</b>		
<b>Fee Paid (\$)</b>		
HP = highest number of independent claims paid for, if greater than 3.		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
—	—	—	—	—

— - 100 = — / 50 = — (round up to a whole number) x = —

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Issue Fee; Publication Fee; Advance Copies

**Fees Paid (\$):**

\$700; \$ 00; \$15

**SUBMITTED BY**

Signature	<i>Jon O. Nelson</i>	Registration No. (Attorney/Agent)	24,566	Telephone	312.463.5000
Name (Print/Type)	Jon O. Nelson	Date	April 19, 2005		

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